

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Tina Smith for Minnesota

Full Name (Last, First, Middle Initial)

A. Nelson, Jeffrey, , ,

Mailing Address 8870 Jewel Ave S

City

Cottage Grove

State

MN

Zip Code

55016-4904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthEast

Occupation

Family Physician

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	9

Transaction ID : VVBFGPQVS85

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

373934.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	9

Transaction ID : VVBFGPQVS85E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

C. Nelson, Marilyn, , ,

Mailing Address 500 Tonkawa Rd

City

Long Lake

State

MN

Zip Code

55356-9724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carlson Holdings Inc

Occupation

Co-Ceo

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	9

Transaction ID : VVBFGPCW9H5

Amount of Each Receipt this Period

500.00

☐ Memo Item

600.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶